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In the UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: KEVIN S. DIBBLE

Application No. 10/017,209

Attny Docket No: 020533.0437 (2002P00902US)

Filed: 12/13/2001

Title: NETWORK INTERFACE DEVICE AND METHOD

Examiner: ALEXANDER JAMAL

Art Unit: 2643

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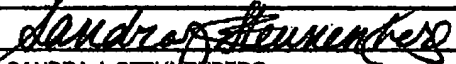
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/017,209
		Filing Date	12/13/2001
		First Named Inventor	Kevin S. Dibble
		Art Unit	2643
		Examiner Name	ALEXANDER JAMAL
Total Number of Pages in This Submission	3	Attorney Docket Number	020533.0437 (2002P00902US)

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	Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) <div style="text-align: right;">\$ <u>500</u></div> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ </p> <p> <input type="checkbox"/> A check in the amount of the fee is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>19-2179</u>. I have enclosed a duplicate copy of this sheet. </p> <p> <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </p> <p> WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. </p> <p> I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) <input type="checkbox"/> attorney or agent of record. Registration number _____ <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. <u>44.961</u> </p> <div style="text-align: right; margin-top: 20px;"> <u><i>John P. Musone</i></u> Signature JOHN P. MUSONE Typed or printed name <u>407-736-6449</u> Telephone number <u>AUGUST 30, 2005</u> Date </div>		

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